



**Campaign Finance Section
Financial Report**

Financial Reports are required to be submitted to the Campaign Finance Section of the Office of the State Election Commissioner by all Candidates, Committees, and Organizations. Late or incomplete reports are subject to fines levied by the Commissioner's Office, so please be sure to check all applicable deadlines and file on time. Add extra sheets if necessary.

Full Organization Name: Citizens to Preserve Dewey-PAC

Account Number: ***** Date of this Report: 01/20/2008

Reporting Period Start: 08/01/2007 Reporting Period End: 12/31/2007

Office: _____

Check the box that applies to this report:

Primary Election	<u> </u> 8-DAY	<u> </u> 30-DAY
General Election	<u> </u> 8-DAY	<u> </u> 30-DAY
Other Election	<u> </u> 8-DAY	<u> </u> 30-DAY
Special Election	<u> </u> 8-DAY	<u> </u> 30-DAY

 X YEAR END

Final Organization Closing:	<u> </u> YES	<u> X </u> NO	Closing Date:	_____
Amendment:	<u> </u> YES	<u> X </u> NO		

I authorize that all information included in this Financial Report package is accurate and correct. I agree to abide by all rules and regulations regarding Campaign Finance and the election process in the State of Delaware. I understand that representatives from the Office of the State Election Commissioner will perform an audit of all information provided on this report.

TREASURER SIGNATURE

DATE

CANDIDATE SIGNATURE

DATE



STATEMENT OF ACCOUNT BALANCE

Account Number:	*****	Reporting Period:	08/01/2007 FROM	12/31/2007 TO
1. BEGINNING BALANCE (Ending Balance from last reporting period)				\$0.00
2. RECEIPTS:				
A. SCHEDULE A - TOTAL RECEIPTS				\$8,441.40
B. SCHEDULE C-1 - TOTAL IN-KIND RECEIPTS				\$500.00
C. SCHEDULE D-1 - TOTAL LOANS RECEIVED				\$0.00
D. SCHEDULE E - TOTAL EXPENSE REIMBURSEMENTS RECEIVED				\$0.00
E. SUBTOTAL (Total of A,B,C,D)				\$8,941.40
3. EXPENDITURES:				
F. SCHEDULE B - TOTAL EXPENDITURES				\$8,413.10
G. SCHEDULE C-2 - TOTAL IN-KIND EXPENDITURES				\$500.00
H. SCHEDULE D-2 - TOTAL LOAN PAYMENTS				\$0.00
I. SCHEDULE E - TOTAL EXPENSE REIMBURSEMENTS PAID				\$0.00
J. SUBTOTAL (Total of F,G,H,I)				\$8,913.10
4. ENDING BALANCE (Beginning Balance plus 2E minus 3J)				\$28.30
5. VALUE OF NON-CASH ASSETS (From Schedule F)				\$0.00
6. VALUE OF DISPOSED/TRANSFERRED ASSETS (From Schedule G)				\$0.00
7. VALUE OF LOANS AT END OF PERIOD (Loan Balance From Schedule D-2)				\$0.00
8. CLOSE OUT BALANCE (Must equal zero if committee closed)				\$28.30



SCHEDULE A - TOTAL RECEIPTS

Account Number: ***** Reporting Period: 08/01/2007 12/31/2007
FROM TO

Itemize all receipts over \$100 for the reporting period. Receipts from sales of items must be itemized if they are over \$50. NOTE: If you receive funds from the same person or organization several times during the reporting period, each item must be listed if the **aggregate** amount is over \$100, even if the individual amounts are not.

RECEIPTS IN EXCESS OF \$100:

Date Received	Contributor Name	Contributor Mailing Address	Aggregate Amount	Amount Received
08/16/2007	Barbara Dougherty	9 Swedes Street, Dewey Beach, DE 19971	\$100.00	\$100.00
08/29/2007	Steve Judge	30835 Mills Ridge Rd, Lewes, DE 19958	\$150.00	\$150.00
08/13/2007	Joan Buckler Claybrook	3307 Woodley Rd. NW, Washington, DC 20008	\$1,000.00	\$1,000.00
08/01/2007	Jacqueline Carr	1300 Hwy One, Dewey Beach, DE 19971	\$500.00	\$500.00
08/19/2007	Max Mendelsohn	2313 Sugarcone Rd. Baltimore MD 21209	\$200.00	\$200.00
08/22/2007	Melanie Odum	6817 Pineway, University Park, MD 20782	\$150.00	\$150.00
08/28/2007	Richard B. Judge	P.O. Box 817, Rehoboth Beach, DE 19971	\$500.00	\$500.00
08/21/2007	Betsy A. Damos	123 10th St. SE, Washington, DC 20003	\$500.00	\$500.00
08/29/2007	William Gilleland	1421 Deepwood Dr, Pittsburgh, PA 15241	\$300.00	\$300.00
08/31/2007	Diggers Inc.	147 Stotler Dr. Delmont, PA 15626	\$250.00	\$250.00
08/30/2007	Eleanor S. Bauer	7111 Marine Dr, Alexandria, VA 22307	\$500.00	\$500.00
09/05/2007	Alfred Hobbs	1839 Shore Dr Annapolis, MD 21401	\$200.00	\$200.00
09/04/2007	Pier Point Family Partnership LLC	115 Rodney Ave. Dewey Beach, DE 19971	\$500.00	\$500.00
09/05/2007	Loudoun Medical Group/TA Michael Kavanagh	19 C. Fort Evans Rd NE, Leesburg, VA 20176	\$250.00	\$250.00
09/05/2007	Carol K Loesberg	7803 Orchard Gate Ct, Bethesda, MD 20817	\$250.00	\$250.00

08/08/2007	Courtney Riordan	110 Cullen Street, Dewey Beach, DE 19971	\$100.00	\$100.00
08/13/2007	Georgie Mauer	7711 Apple Ave, Jessup, MD 20794	\$100.00	\$100.00
08/21/2007	J. William Bishop	14E New Orleans ST. Dewey Beach, DE 19971	\$100.00	\$100.00
08/28/2007	C. Steuart Hihn	4001 Green Glade Rd. Phoenix, MD 21131	\$100.00	\$100.00
08/29/2007	Wayne Black	1416 Laburnum St. , Mc Lean, VA 22101	\$100.00	\$100.00
08/29/2007	Michael Hartman	200 Jackson Blvd, Wilmington, DE 19803	\$100.00	\$100.00
09/03/2007	Judith Davis	7912 Horshoe Lane, Potomac, MD 20854	\$100.00	\$100.00
09/05/2007	David Bloom	P.O. Box 2662, Wilmington, DE 19805	\$100.00	\$100.00
09/04/2007	Andrulis LP	P.O. Box 2136, Bethesda, MD 20817	\$100.00	\$100.00
09/01/2007	D. Kerry Monigle	11 Eagle Way, Rehoboth Beach, DE 19971	\$100.00	\$100.00
08/30/2007	Stevens Family LP	8212 Cedar St. Silver Spring, MD 20910	\$100.00	\$100.00
09/15/2007	Joseph Kienle	828 Rosary Lane, Westchester, PA 19382	\$100.00	\$100.00
09/04/2007	Peter Van Bennekom	3418 Pebble Beach Dr. Wilmington, DE 19808	\$100.00	\$100.00
09/27/2007	Faith Duncan	201 Cullen St. Dewey Beach, DE 19971	\$250.00	\$250.00
09/05/2007	Gerard Looby	1057 Leigh Mill Rd. Great Falls, VA 22066	\$100.00	\$100.00
09/08/2007	Joy Masters	3909 Tusico Place, Fairfax, VA 22030	\$100.00	\$100.00
09/13/2007	Elizabeth Cadell	9729 Beman Woods Way, Potomac, MD	\$350.00	\$350.00
TOTAL RECEIPTS IN EXCESS OF \$100				\$7,450.00
TOTAL RECEIPTS NOT IN EXCESS OF \$100				\$991.40
GRAND TOTAL RECEIPTS (TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 2A)				\$8,441.40



SCHEDULE B - TOTAL EXPENDITURES

Account Number: ***** Reporting Period: 08/01/2007 12/31/2007
FROM TO

Itemize all expenditures over \$100 for the reporting period. All expenditures to Political Committees must be itemized, regardless of the amount. NOTE: IF you expend funds to the same person or organization several times during the reporting period, each item must be listed if the **aggregate** amount is over \$100, even if the individual amounts are not.

EXPENDITURES IN EXCESS OF \$100:

Date Expended	Payee Name	Payee Mailing Address	Aggregate Amount	Amount Expended
08/27/2007	Joseph Stewart	7354 Deer Crossing Ct., Sarasota FL. 34240-7411	\$1,166.10	\$951.30
09/07/2007	Hudson, Jones, Jaywork, & Fischer	100 N Bedford St. Box 359, Georgetown, DE. 19947	\$1,500.00	\$1,000.00
09/15/2007	Scully's	2000 Highway One, Dewey Beach, DE. 19971	\$330.00	\$330.00
09/21/2007	Hudson, Jones, Jaywork, & Fischer	100 N Bedford St. Box 359, Georgetown, DE. 19947	\$1,500.00	\$500.00
09/25/2007	Joseph Stewart	7354 Deer Crossing Ct., Sarasota FL. 34240-7411	\$1,166.10	\$214.80
09/27/2007	US Post Office	Rehoboth Ave. Rehoboth Beach, DE. 19971	\$443.91	\$443.91
09/27/2007	Rapid Signs	12785 Shaw Rd. Athens AL. 35611	\$2,573.00	\$1,332.00
09/27/2007	Rapid Signs	12785 Shaw Rd. Athens AL. 35611	\$2,573.00	\$1,241.00
09/27/2007	Minuteman Press	1904 Highway One C-4, Dewey Beach, DE. 19971	\$495.00	\$495.00
09/27/2007	America's Campaign Store	7807 Westover Drive, Prospect, KY. 40059	\$522.75	\$522.75
12/07/2007	Cape Gazette	17585 Nassau Commons Blvd, Lewes, DE. 19958	\$591.85	\$591.85
12/10/2007	Connolly, Bove, Lodge & Hutz LLP	1007 North Orange Street, Wilmington, DE. 19899	\$700.00	\$700.00
TOTAL EXPENDITURES IN EXCESS OF \$100				\$8,322.61
TOTAL EXPENDITURES NOT IN EXCESS OF \$100				\$90.49
GRAND TOTAL EXPENDITURES (TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 3F)				\$8,413.10



SCHEDULE C-1 - TOTAL IN-KIND RECEIPTS

Account Number: ***** Reporting Period: 08/01/2007 12/31/2007
FROM TO

Itemize all goods and services contributed at no charge or less than fair market value in excess of \$100 for the reporting period. NOTE: If you receive in-kind contributions from the same person or organization several times during the reporting period, each item must be listed if the **aggregate** amount is over \$100, even if the individual amounts are not.

IN-KIND CONTRIBUTIONS IN EXCESS OF \$100:

(NOTE: ESTIMATED VALUE RECEIVED IS FAIR MARKET VALUE LESS ANY PAYMENTS YOU MADE FOR THE GOODS OR SERVICES)

Date Received	Contributor Name	Contributor Mailing Address	Description of Contribution	Est. Amount Received
08/31/2007	Jacqueline Carr	1301 Highway One Dewey Beach, DE. 19971	Candidate Reception	\$500.00
TOTAL CONTRIBUTIONS IN EXCESS OF \$100				\$500.00
TOTAL CONTRIBUTIONS NOT IN EXCESS OF \$100				\$0.00
GRAND TOTAL RECEIPTS (TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 2B)				\$500.00



SCHEDULE C-2 - TOTAL IN-KIND EXPENDITURES

Account Number: ***** Reporting Period: 08/01/2007 12/31/2007
FROM TO

Itemize all goods and services expended at no charge or less than fair market value in excess of \$100 for the reporting period. NOTE: If you pay in-kind expenditures to the same person or organization several times during the reporting period, each item must be listed if the **aggregate** amount is over \$100, even if the individual amounts are not.

IN-KIND EXPENDITURES IN EXCESS OF \$100:

(NOTE: ESTIMATED VALUE EXPENDED IS FAIR MARKET VALUE LESS ANY PAYMENTS YOU RECEIVED FOR THE GOODS OR SERVICES)

Date Expended	Payee Name	Payee Mailing Address	Description of Expenditure	Est. Amount Expended
08/31/2007	Jacqueline Carr	1301 Highway One, Dewey Beach, DE. 19971	Candidate Reception	\$500.00
TOTAL EXPENDITURES IN EXCESS OF \$100				\$500.00
TOTAL EXPENDITURES NOT IN EXCESS OF \$100				\$0.00
GRAND TOTAL EXPENDITURES (TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 3G)				\$500.00



SCHEDULE D-2 - LOANS

Account Number: *****

Reporting Period: 08/01/2007
FROM

12/31/2007
TO

All outstanding loans in excess of \$50 must be listed. This includes loans from Lending Institutions, Candidates Personal Funds and Other Contributors.

LOANS IN EXCESS OF \$50:

Date Rec'd	Lender	Endorser	Description	I n t Rate	Orig. Loan Amt	Payments Made	Balance
TOTAL LOANS (TOTAL PAYMENTS MADE SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCT BALANCE, ITEM 3H. TOTAL LOAN BALANCE SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCT BALANCE, ITEM 7.)							



SCHEDULE E - EXPENSE REIMBURSEMENTS

Account Number: ***** Reporting Period: 08/01/2007 12/31/2007
FROM TO

All expense reimbursements received by you and paid by you must be itemized.

REIMBURSEMENTS RECEIVED (Monies paid to you as reimbursements for expenses you incurred.)

Date Received	Reimburer	Description of Activity	Activity Date	Total Expense	Reimbursement
TOTAL REIMBURSEMENTS RECEIVED (TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 2D.)					

REIMBURSEMENTS PAID (Monies paid by you to reimburse others for expenses they incurred.)

Date Paid	Payee	Description of Activity	Activity Date	Total Expense	Reimbursement
TOTAL REIMBURSEMENTS PAID (TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 3I.)					



SCHEDULE F - NON-CASH ASSETS

Account Number: _____

Reporting Period: _____

08/01/2007

FROM

12/31/2007

TO

Itemize all non-cash assets owned by the organization including those paid for by the organization, lent to the organization and contributed to the organization.

LIST ALL NON-CASH ASSETS

Date Received	Description of Asset	Location of Asset (Physical Address)	Value of Asset
TOTAL ASSET VALUE (TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 5.)			



SCHEDULE G - ELIMINATION OF ASSETS

Account Number: *****

Reporting Period: 08/01/2007
FROM

12/31/2007
TO

Itemize all non-cash assets disposed of, transferred or sold by the organization during the reporting period.

LIST ALL ELIMINATED ASSETS

Date Eliminated	Description of Asset	Disposition of Asset	Value Received
TOTAL ASSETS ELIMINATED (TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 6.)			